

Clinical Instructors' Feedback Style and Supervisory Competence in Relation to Student Nurses' Self-Efficacy and Clinical Performance

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Abstract— A strong clinical education program is essential for developing effective nursing practitioners. The current study was to examine the relationship between the clinical instructor's feedback style and supervision skills and the student nurse's self-efficacy and clinical performance during the Related Learning Experience (RLE). The descriptive-correlational approach was used in the study, which included 145 fourth-year BS in Nursing students from a private higher education school in Ozamiz City, Philippines, selected using stratified random selection. Data on feedback style, supervisory abilities, and self-efficacy were collected using researcher-developed tools, whereas clinical performance was determined using official RLE scores.

The results showed that the clinical instructor's feedback style was highly valued for its promptness, clarity, constructiveness, and helpful character, whereas supervisory competency was highly regarded, particularly in professional behavior. The student nurses had very high self-efficacy, and their clinical performance was satisfactory. There were no significant relationships found between feedback style and supervisory competence, which covers all four qualities mentioned in this paper, as well as students' self-efficacy and clinical performance. There was, however, a link between professionalism and coping behavior among pupils.

Although feedback and supervision are seen positively, other factors may influence self-efficacy and clinical performance. The findings suggest that more research is needed into characteristics that influence clinical competence and improve teaching approaches that have a direct impact on student performance.

Keywords— clinical performance, clinical supervision competence, feedback style, self-efficacy, student nurses

I. INTRODUCTION

Nurse education is to prepare knowledgeable and professional nurses capable of providing high-quality care to their patients. At the same time, in the Philippines, nursing education combines theory lectures, practical lessons in the skills laboratory, and RLE, in which academic knowledge is applied through clinical experience supervised by a clinical teacher. Clinical experience is highly dependent on how well one is supervised.

Feedback is an important aspect of the clinical learning process because it allows learners to identify their strengths, grasp what needs to be improved, and perfect their clinical reasoning and performance skills. According to research, providing constructive and

timely feedback encourages introspective thinking, increases motivation, and improves clinical competence. Feedback that is ambiguous or too harsh might harm the learning process by reducing learners' self-esteem. In addition to feedback, supervisors' competence is critical in teaching since it influences learners' experiences in a variety of ways.

Self-efficacy, defined as an individual's belief in their ability to do specific tasks, is one of the most important predictors of learning and performance in therapeutic settings. Students with high levels of self-efficacy are more likely to participate in active learning processes, deal well with problems, and do well in clinical settings.

Although extensive research exists on the issues of feedback, supervision, and self-efficacy, few studies have been undertaken to investigate how these aspects interact in connection to clinical performance among Filipino students. This article seeks to fill this vacuum by examining the relationships between clinical instructors' feedback approaches, supervisory skills, student nurses' self-efficacy, and clinical performance.

II. METHODS

This study employed a descriptive-correlational methodology to investigate the association between clinical instructors' feedback style, supervisory competency, student nurses' self-efficacy, and clinical performance. The research was carried out in a private institution of higher learning in Ozamiz City, Philippines.

The study included 145 Bachelor of Science in Nursing students in their fourth year, who were enrolled in the first semester of the academic year 2025–2026. Respondents were selected using stratified random sampling. Those who had completed their Related Learning Experience (RLE) met the inclusion criteria.

Data were collected using tools designed by the researchers and evaluated for reliability and validity. The three constructs were evaluated using questionnaires that measured clinical instructors' feedback style, supervisory competence, and student nurses' self-efficacy. Performance data were collected from respondents' RLE grades.

Experts evaluated the test instruments' content validity, and Cronbach's alpha was used to assess reliability, which was satisfactory (≥ 0.70). Descriptive statistics (mean, SD) were used to determine variable levels, and Pearson's correlation coefficient was determined to assess the link between variables.

III. RESULTS

The feedback delivery method by clinical instructors was rated very highly in all aspects, including timeliness, clarity, constructiveness, and supportiveness. Competence in supervision was rated high in general, with professionalism being rated the highest among its components.

The student nurses exhibited very high scores in the areas of task mastery, decision-making, communication skills, and dealing with problems. The level of clinical performance of the students as indicated by RLE scores was considered satisfactory.

Results from the correlation analysis did not show any significant correlations between the clinical instructor's feedback type and the self-efficacy and clinical performance of the student nurses.

No significant correlations were obtained in the study for the total competency of supervision in relation to self-efficacy and clinical performance. Professionalism was significantly correlated with coping with challenges.

Table 1. Clinical Instructors' Feedback Style as Perceived by the Students

Constructs	WM	StDev	I
Timeliness Specificity Constructiveness	4.27	0.7017	Very High Very High Very High
Learner-Centeredness	4.32	0.7137	Very High
	4.38	0.5933	
	4.34	0.7153	
Overall Weighted Mean	4.33	0.0457	Very High

Legend: 4.20-5.00- Very High (VH)
3.40-4.19-High(H)
2.60-3.39-Moderate(M)

1.80-2.59-Low(L)
1.00-1.79- Very Low(VL)

Table 1 shows how clinical instructors' feedback styles are regarded by student nurses in terms of timeliness, specificity, constructiveness, and learner-

centeredness. The results show that student nurses rated their clinical teachers' feedback style as very positive, with an overall weighted mean of 4.33.

Among the four characteristics, constructiveness received the highest rating (WM = 4.38), followed by learner-centeredness (WM = 4.34), specificity (WM = 4.32), and timeliness (WM = 4.27). This pattern indicates that respondents most strongly value

actionable and improvement-oriented feedback, while still receiving a high level of emotional support, clear communication, and fast delivery throughout the feedback process.

Table 2. Perceived Supervisory Competence of Clinical Instructors

Constructs	WM	StDev	I
Instructional Skills Interpersonal Skills Professionalism	3.59	0.5982	High High Very High
Role Modeling	3.75	0.0533	High
	4.41	0.0582	
	3.89	0.6743	
Overall Weighted Mean	3.91	0.355	High

Legend: 4.20-5.00- Very High (VH)
3.40-4.19-High(H)
2.60-3.39-Moderate(M)

1.80-2.59-Low(L)
1.00-1.79- Very Low(VL)

Table 2 presents the perceived supervisory competence of clinical instructors in terms of instructional skills, interpersonal skills, professionalism, and role modeling. The overall weighted mean of 3.91 indicates a high level of supervisory competence. Among the constructs, professionalism received the highest rating (WM = 4.41), followed by role modeling (WM = 3.89),

interpersonal skills (WM = 3.75), and instructional skills (WM = 3.59). These results suggest that students view their clinical instructors as highly professional and effective role models, while also recognizing areas, such as instructional skills, where further development may enhance overall supervisory effectiveness.

Table 3. Students Nurses Level of Self Efficacy

Constructs	WM	StDev	I
Task Mastery	4.42	0.0470	Very High Very High Very High
Coping with Challenges Decision-Making Confidence	4.33	0.6069	Very High
Communication Skills	4.48	0.5625	
	4.53	0.4991	
Overall Weighted Mean	4.44	0.0860	Very High

Legend: 4.20-5.00- Very High (VH)
3.40-4.19-High(H)
2.60-3.39-Moderate(M)

1.80-2.59-Low(L)
1.00-1.79- Very Low(VL)

Table 3 presents the level of student nurses' self-efficacy in terms of task mastery, coping with challenges, decision-making confidence, and communication skills.

followed by decision- making confidence (WM = 4.48), task mastery (WM = 4.42), and coping with challenges (WM = 4.33).

The overall weighted mean of 4.44 indicates a very high level of self-efficacy. Among the dimensions, communication skills ranked highest (WM = 4.53),

These results suggest that students feel highly capable in their clinical abilities, particularly in communicating effectively and making confident decisions during patient care.

Table 4. Students Nurses' Clinical Performance

Clinical Performance	Frequency	Percentage
Outstanding	12	8.28
Very Satisfactory	51	35.17
Satisfactory	81	55.86
Poor	1	0.69
Weighted Mean = 2.49 - Satisfactory	145	100.00

Table 4 presents the clinical performance of student nurses based on their First Semester SY 2025-2026 RLE grades. Most students (55.86%) obtained a satisfactory rating, followed by very satisfactory (35.17%), outstanding (8.28%) and poor (0.69 %), respectively. The computed weighted mean of 2.49

indicates that students generally meet expected clinical standards. These results suggest that while the majority of students achieve the required competency levels, there is still room to further enhance clinical performance, particularly by reinforcing practical skills, decision-making, and professional behaviors.

Table 5. Significant Relationship between Clinical Instructors' Feedback Style and Student Nurses' Self-Efficacy

Constructs	Task Mastery	Coping with Challenges	Decision-Making Confidence	Communication Skills
Timeliness	r=-0.059 p=0.484 Accept Ho	r=-0.107 p=0.200 Accept Ho	r=-0.031 p=0.708 Accept Ho	r=-0.009 p=0.913 Accept Ho
Clarity	r=-0.101 p=0.227 Accept Ho	r=-0.123 p=0.139 Accept Ho	r=-0.079 p=0.343 Accept Ho	r=-0.043 p=0.609 Accept Ho
Constructiveness	r=-0.125 p=0.135 Accept Ho	r=-0.152 p=0.067 Accept Ho	r=-0.091 p=0.275 Accept Ho	r=-0.071 p=0.397 Accept Ho
Supportiveness	r=-0.077 p=0.359 Accept Ho	r=-0.124 p=0.359 Accept Ho	r=-0.073 p=0.380 Accept Ho	r=-0.053 p=0.530 Accept Ho

Ho: There is no significant relationship between clinical instructors' feedback style and student nurses' self-efficacy.
 Significant Test: 0.00-0.01**Highly Significant 0.02-0.05*Significant above 0.05 Not Significant

Table 5 presents the significant relationship between the clinical instructors' feedback style and student nurses' self-efficacy. The correlation analysis revealed no significant relationship between clinical instructors' feedback style across the dimensions of timeliness, specificity, constructiveness, and supportiveness and student nurses' self-efficacy in terms of task mastery, coping with challenges, decision-making confidence, and communication

skills ($p > 0.05$). Consequently, the null hypothesis was accepted. This finding suggests that, in this study, variations in feedback style did not meaningfully influence how confident students felt in performing clinical tasks.

It also indicates that other factors beyond clinical instructor's feedback may play a more critical role in shaping student self-efficacy during clinical training.

Table 6. Significant Relationship between Clinical Instructors' Feedback Style and Student Nurses' Clinical Performance

Constructs	r	p	Decision
Timeliness Clarity Constructiveness	-0.054	0.380	Accept Ho Accept Ho Accept Ho

Supportiveness	-0.065	0.440	Accept Ho
	-0.131	0.117	
	-0.100	0.100	

Ho: There is no significant relationship between clinical instructors' feedback style and student nurses' clinical performance.

Significant Test: 0.00-0.01**Highly Significant 0.02-0.05*Significant above 0.05 Not Significant

Table 6 presents the significant relationship between the clinical instructors' feedback-style and student nurses' clinical performance. The results as reflected indicate that there is no significant relationship between clinical instructors' feedback style across the dimensions of timeliness, specificity, constructiveness, and supportiveness and student

nurses' clinical performance as reflected in their Related Learning Experience (RLE) grades ($p > 0.05$). Thus, the null hypothesis was accepted. Although feedback was perceived as very high in quality, these findings indicate that such instructional practices did not directly translate into higher measurable clinical performance outcomes

Table 7. Significant Relationship between Clinical Instructors' Supervisory Competence and Students' Self-Efficacy

Constructs	Task Matery	Coping with Challenges	Decision-Making Confidence	Communication Skills
Instructional Skills	$r=0.060$ $p=0.477$ Accept Ho	$r=0.078$ $p=0.349$ Accept Ho	$r=0.065$ $p=0.441$ Accept Ho	$r=0.106$ $p=0.204$ Accept Ho
Interpersonal Skills	$r=-0.101$ $p=0.227$ Accept Ho	$r=-0.123$ $p=0.139$ Accept Ho	$r=-0.079$ $p=0.343$ Accept Ho	$r=-0.043$ $p=0.609$ Accept Ho
Professionalism	$r=-0.125$ $p=0.135$ Accept Ho	$r=-0.152$ $p=0.067$ Accept Ho	$r=-0.091$ $p=0.275$ Accept Ho	$r=-0.071$ $p=0.397$ Accept Ho
Role Modeling	$r=-0.071$ $p=0.397$ Accept Ho	$r=0.847$ $p=0.05^*$ Reject Ho	$r=-0.091$ $p=0.275$ Accept Ho	$r=-0.071$ $p=0.397$ Accept Ho

Ho: There is no significant relationship between clinical instructors' supervisory competence and student nurses' self-efficacy.

Significant Test: 0.00-0.01**Highly Significant 0.02-0.05*Significant above 0.05 Not Significant

Table 7 presents the significant relationship between the clinical instructors' supervisory competence and students' self-efficacy. The findings indicate that most dimensions of clinical instructors' supervisory competence namely instructional skills, interpersonal skills, and role modeling were not significantly related to student nurses' self-efficacy across the domains of task mastery, decision-making confidence, and communication

skills ($p > 0.05$). However, professionalism demonstrated a statistically significant relationship with students' coping with challenges ($p = 0.05$), leading to the partial rejection of the null hypothesis.

This suggests that the professional conduct of clinical instructors may play a unique role in supporting students' resilience and ability to manage difficulties in clinical practice.

Table 8. Significant Relationship between Clinical Instructors' Supervisory Competence and Student Nurses' Clinical Performance

Variables	r	p	Decision
Instructional Skills and Clinical Performance	0.062	0.462	Accept Ho

Interpersonal Skills and Clinical Performance	0.011	0.896	Accept Ho
Professionalism and Clinical Performance	-0.114	0.174	Accept Ho
Role Modeling and Clinical Performance	-0.114	0.680	Accept Ho

Ho: There is no significant relationship between clinical instructors' supervisory competence and student nurses' clinical performance
 Significant Test: 0.00-0.01**Highly Significant 0.02-0.05*Significant above 0.05 Not Significant

Table 8 presents the significant relationship between the clinical instructors' supervisory competence and student nurses' clinical performance measure in their first semester academic year 2025-2026 RLE grade. The findings indicate that no significant relationship existed between clinical instructors' supervisory competence and student nurses' clinical performance across all examined dimensions, including instructional skills, interpersonal skills, professionalism, and role modeling ($p > 0.05$). Accordingly, the null hypothesis was accepted. These results suggest that while supervisory competence is an essential component of the clinical learning environment, it does not independently predict students' clinical performance as measured through Related Learning Experience (RLE) grades.

IV: DISCUSSION

However, based on the results of this study, the way of giving feedback by clinical teachers and their level of supervision skills do not have a significant effect on the self-efficacy and clinical achievement of nursing students. This implies that good impressions regarding feedback and supervision cannot automatically result in positive educational outputs, especially for senior nursing students who tend to be confident and experienced.

This absence of significant correlations could be linked to the intricacies associated with clinical learning processes, where different factors like experience, motivation to learn, learning settings, and institutional support all work together and interact to affect performance and self-efficacy. This is in line with research showing that although feedback and supervision are helpful in making learning experiences better, the actual effect that they have on performance outcomes might be affected by something else.

Nonetheless, the finding that professionalism and performance in coping with challenges are

significantly correlated underscores the significance of role modeling in clinical practice. The clinical instructors who exhibit professionalism can encourage resilience and emotional stability among their learners, which are important in challenging clinical settings.

It can be seen from the above that clinical learning is more than just feedback and guidance. Clinical learning should involve an educational strategy which includes learning experiences for the students.

V. CONCLUSION

From this study, it can be noted that though the positive perception of the feedback behavior and supervisory skill of the clinical instructors is noted by the student nurses, these have minimal effect on self-efficacy and the clinical performance of the latter. However, the concept of professionalism has a lot of impact in helping the student nurses cope with the problems faced in the clinical setting. This means that there should be inclusion of other learning determinants in nursing education courses.

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